

MENTAL HEALTH WORKGROUP MEETING
PREFERRED DRUG LIST
DECEMBER 3, 2004

Attendees: Chuck Hunter
Gary Mihelish
Julie Maggiolo
Bobbi Renner
Mark Eichler
Mignon Waterman
Duane Preshinger
Dan Peterson

Duane asked if there were changes to the minutes of the October 22 meeting minutes. Changes were indicated in the third paragraph.

Mark gave an update of the Formulary Committee and a preview of the December 15, 2004 PDL Meeting. He said that there was going to be a Mental Health Drug Class review with a shorter list of drug classes than in prior meetings. There is good news that there will be three psychiatrists on the panel: Dr. Nagy, Dr. Jami Eschler, (recommended by MT Psychiatric Association) and Dr. Keith Foster, Shodair Child Pediatrics Psychiatrist.

Public testimony will be taken into consideration in the committee's recommendations as to which drugs should be given preferred status in these classes of medication: Antidepressants: Selective, Antidepressants: Novel, Stimulants/ADHD Agents, Cholinesterase Inhibitors. When the PDL is implemented, all currently marketed atypical anti-psychotics, mood stabilizers and anti-convulsants will be listed as preferred on the PDL.

Mark handed out a PDL meeting schedule and a General Procedures for Public Content for the DUR Meeting Board. He also handed out a list of drugs to be reviewed on December 15, 2004.

Gary had an issue on antidepressants. If everything is true, Gary says he has no problem with PDL. He wants to hear public opinion on the subject. He stated that not one drug works for all patients. He also talked about the grandfathering issue.

Bobby Renner said that drugs could still be prior authorized.

An update was given on the State Plan Amendment and (CNS) Comprehensive Neuroscience. The data exchange will come from the Steering Committee. We will dump our claims data to CNS. We will send out education on the process. We will focus on the top 100 prescribers. We are not really focused on price. The work through the CNS contract will be implemented within the work of the DUR Board to ensure providers receive information from only one source.

Duane handed out a Draft Medicaid Pharmacy Program PDL Appeal Process. Duane said that it can be simplified but could be more complex. The Departments concern is that we will get inundated. We are also concerned that clients don't know their appeals rights. Pharmacists should write a written explanation of why the drug was denied and also give an oral explanation. It was suggested that we let the DUR take care of the grandfathering for this group and that Case Management will be applied with CNS. It was also suggested that we let the Formulary Committee set the grandfathering.

The process starts when a client is issued a denial at the pharmacy point of sale for a medication categorized as non-preferred on the Preferred Drug List (PDL). The client's pharmacy or physician may initiate the Fair Hearing Process by requesting an Administrative Review through the Medicaid Drug Prior Authorization contractor. The Department's pharmacist or designee will then perform an Administrative Review and render a decision within 3 business days after receiving all requested information. The Department will provide the Administrative Review determination in writing.

There will be a soft edit on the software to request Prior Authorization and start meds.

The pharmacy will have two edits 1: soft edit where the meds will still be paid but education is possible, 2: hard edit where Medicaid will not pay period.

We will still have the current appeal process.

Anita Roessmann talked about psychotropics - with the PDL if it is a new medication will grandfathering still apply to old drug so the patient can stay on it?

Mark said that grandfathering is ongoing.

Julie stated that you have to build a good case for prescribing a drug sometimes.

The question was asked should we take the draft proposal and give it to the DUR assuming grandfathering, delete 1B (medication they are taking); give a pamphlet for the medication with an option for an emergency 3 day prior authorization and a fair hearing? The Department will work on the concerns raised and the ongoing discussion by the workgroup and provide updated information at the next meeting. The Formulary Committee will also have had an opportunity to address the mental health medications at their December meeting.

It was also stated that a lot of antidepressants are prescribed incorrectly.

There will be an evaluation of the PDL and the Department will track. We will track all medications on the chart. A handout was given on tracking possible cost shift due to implementation on the PDL. The Department will be implementing the PDL on or about February 2005. Five indices must be monitored: Emergency Room visits, Hospital admissions, Mental Health admissions, Psychiatric claims, Physician claims, Pharmacy claims. The Department will establish a historical baseline of the listed indicators and project a growth rate prior to the implementation of the PDL. After the PDL implementation, the above indices will be monitored to detect possible cost shifts within Medicaid program. Consideration will be made regarding changes within the respective programs. The results will be posted on the Departments PDL website at www.mtmedicaid.org.

Bobbie was asked if there is any suicide tracking ongoing? She said she would check into it.

There was time given for Public Comments.

The next upcoming workgroup meeting is January 14, 2005 at DPHHS Sanders Building Room 207. The Department will have the final report of the workgroup for the next meeting. The last item for discussion is the appeals process. In addition, the draft of the client information pamphlet will be available for review at the next meeting.